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H. SHERIDAN BAKETEL, M.D., F.A.C.P., *Editor*

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The Place of the Physician in Politics

U. S. SENATOR ROYAL S. COPELAND
NEW YORK

If a group of statesmen or other citizens should be called upon to define the purposes of government, I suppose there would be as many answers as there were individuals questioned. Why can we not all agree that the purpose of government is to establish justice and to promote the welfare of all the citizens?

When we look back to the early settlement of America we are impressed by the number of persons who came here to gain religious freedom. Their ethical and religious ideas had been called in question in the older countries. They sought a place where every man could worship God according to the dictates of his own conscience.

Others came because of the opportunities to get gold, or other things of monetary value. Likewise, there were those who

crossed the seas in the spirit of adventure.

As with every other country emerging from a purely pioneer state, it became necessary to establish some form of orderly government. In the course of time the recognition of authority was a demand made upon every citizen. In the language of the Declaration of Independence everybody is entitled to life, liberty, and the pursuit of happiness, and, quoting, "to maintain these rights governments are instituted among men."

In the last analysis the object of government is to insure the safety and welfare of the citizen.

The preamble of the Federal Constitution declares its purposes to be to establish justice, and to promote the general welfare.

I think no one will deny that the first duty of government



Dr. Copeland, New York's junior Senator, needs no introduction to his medical confreres. As a physician, as a Dean at the University of Michigan and at New York Homeopathic, as Mayor of Ann Arbor and as "the best Health Commissioner New York ever had," he has rendered abundant service of the highest type. The profession looks to him to champion public health matters in the United States Senate, where he and Senator Ball of Delaware will be the only representatives of the disciples of Aesculapius.

is to make it possible for the individual to provide himself with clothing, shelter, heat, and food. His body must be protected against injury, either accidental or intentional. So far as may be, the citizen must be made immune to the attacks of disease. The public health must be guarded by raising barriers against infection. To this end there must be furnished food and drink which are free from contamination.

As the country grows and becomes increasingly populous, cities come into existence. As these great centers increase in population there arise larger social problems. Some of these are founded on the intimate contacts of tenement and factory life. The physical surroundings of the people have much to do with the development of such problems. They cannot be solved without intimate knowledge of the underlying causes of social distress. Government, like a wonderful mother, must devise ways and means to guard her children, the citizens of the country.

It must be apparent, I am sure, that when we really consider the purpose of government, most of its vital problems have to do with things more familiar to the physician than to anybody else in society. There is a popular idea that lawyers are the natural statesmen. It is supposed that their training somehow or other fits them to take charge of government. That this is the popular conception is shown by the fact that of the ninety-six members of the United States Senate, eighty-two are lawyers.

I hold no brief against the lawyers. Many of my most inti-

mate friends belong to this inspiring profession. They will forgive me, I am sure, if I speak frankly of the lawyer in politics, as compared to what the doctor might accomplish in this field.

Laws are the instruments through which countries are governed. These laws are written in legal language, the language of tradition. Certain formulæ have existed "since the mind of man runneth not to the contrary." It is admitted that in the formulation of laws, it is wise to perpetuate the recognized methods of expression of the intent of the people. But is not the work of a lawyer remarkably similar to the work of the printer in the printing office? The compositor knows his "case." With remarkable speed he can pick the type from the boxes of the case and assemble them, making words and sentences. In due time, in the make-up, he brings together an entire article. This may be a convincing sermon, an appeal to patriotism, or a proclamation of war. It may be the expression of some great human instrument capable of changing the intellectual outlook of a nation.

Certainly no one can contend that the printer, by whose skill this message was prepared for the people, is in any sense the author of the thoughts visualized by his work. We have lawyers to formulate in legal language the conclusions reached by legislative bodies, but it does not follow that the lawyers originate the ideals expressed in the finished laws. In all modesty I contend that the doctor is better qualified to know the desires and the necessities of the human fam-

MEDICAL ECONOMICS is distinctly a journal of service. Its mission is to aid physicians in making medical practice pleasanter, easier and more remunerative. If you, gentle reader, have a thought that you believe will lead to this end, will you not send it to the editor? This is your journal. Its value to physicians will depend largely on the practical contributions of individual readers.

ily than the lawyer, the engineer, and even the priest.

Who goes into the home, no matter how humble it may be? Who recognizes in the symptoms of his patient the lack of proper food? Who is so well able to testify to the lack of clothing, the want of proper housing and the deprivation of heat? Determined as he is to seek ultimate causes, who is so well qualified as the physician to get at the bottom of the great social problems, the natural accompaniments of modern civilization?

If he is a thoughtful man, does not the doctor find out why decent houses are not furnished our people? Is he not the first to discover that the wrong kind of a tariff may interfere with a building program, because of the high costs of materials necessary to erect houses? This particular need of our people involves the problem of the tariff, the problem of transportation, the problem of the labor-union, and the problem of finance. Certainly the training of the lawyer does not fit him to form different or better conclusions in these matters. Indeed, however kind-hearted he may be, the lawyer has not had the human contacts necessary to stir his heart and soul and to make him an ardent advocate of better laws in order that those who suffer may be relieved of their tortures.

The physician goes into the homes of the poor. He sees there the lack of nourishing food and the undernourishment of the children. He hears the story from the wife and mother of the lack of funds to buy the very necessities of life.

As he drives into the country and visits his rural patients, he sees the fruit spoiling upon the ground and knows that the vegetables are rotting in the earth. He sees these great quantities of food going to waste, food that would furnish health and life to the poor of the cities.

Is it any wonder, then, that the doctor finds fault because proper

markets and marketing facilities are not provided? He wants to know why the transportation facilities and rural credits are not arranged in order that the farmer may get these things to those who need them in the city.

He is an eyewitness to the sufferings of the poor and knows the great and startling inequality between the poverty-stricken of the crowded sections of the city and the affluence of those who live on the avenues. In consequence his soul is moved and he becomes an advocate of social justice. He yearns to have reduced the artificial and man-made division between the rich and the poor. He begins to think about the minimum wage and a fairer distribution of the profits of business.

In his talks with the farmer he finds that the surplus grain cannot be sold because of the lack of markets. The farmer confides in the doctor and finds there a sympathetic listener. They discuss together these matters of vital importance to the citizens of the farming districts. I believe the doctor, more than any other man, comes to recognize that the buying power of the world must be guaranteed in order that the producer may have an output for his products.

This gives the doctor a wide vision, a vision which becomes more acute by reason of the fact that in his reading and in his study he comes in contact with the men of every country. He goes to the medical centers of the old world and mingles with professional men from every part of the earth. Naturally the vision of the physician is cosmic. He thinks in terms of the world, as well as in terms of human beings, whom he knows better than anybody except the priest.

The doctor does not speak the language of the banker. However, he recognizes that prosperity in business is fundamental to the happiness and health of the human family. The doctor will

(Continued on page 46)

Is the Country Physician Passing with the Horse?

JOHN WALKER HARRINGTON

NEW YORK

On his way to the limbo of the things that were, they tell us, the country physician passes. Unless there is an up slant in the curve, surely he is bound to the Land of Nepenthe!

If Dobbin ceases to draw the one-horse shay; if all the Dr. Lavenders leave Old Chester, and every Bonnie Briar Bush loses its Dr. Weelum McClure, what shall the country do? If the honest rural doctor sings his swan song, can the quack be far behind?

Already charlatans are seeking the deserted practices. Healers with their jargon of Eddyism, disciples of Coué, bone twisters, muscle mangers and lsmpaths are not losing time.

Our sovereign states cannot permit millions of human beings to go without medical service, merely because they live in the bush. For that matter, neither can the nation. Shall we surrender to paternalism or will America's citizens and the medical profession itself find the solution of this vexed economic problem? As the equation is complex, MEDICAL ECONOMICS first presents a fact story and then invites its readers to consider certain conclusions.

The future of the physician in the rural regions is fraught with such vital interest to the practitioners still there, and to recent

medical graduates seeking places, that every element of it is worthy of analysis. If Elijah goes up in the chariot of Ford, should young Elisha be in range of the mantle flinging?

Dr. Elijah generally travels alone, because the bright, young protege who used to sit by his side, on edge to step into his practice, is suffering from chronic urbanitis. This disease is in the epidemic stage. Everybody has it. The farmer sells his ancestral

acres or hires them to some Italian tenant, and hies himself to the county seat. The next stage for his sons is Chicago or Indianapolis or Pittsburgh. The

daughters, who in the last century might have been content with linsey woolsey are more interested in Paisley shawls and lip sticks. They who might have milked cows are busy as stenographers in New York or cloak models in New Orleans. They are all part of that seemingly endless procession, which marches from the glebe to the glitter.

The young doctor has the same symptoms. Aside from being lured by the sights and sounds of the teeming town the physician has had to go hence in quest of his patients. He finds whilom country judges practicing law in Wall Street skyscrapers; ministers who have heard the Macedonian

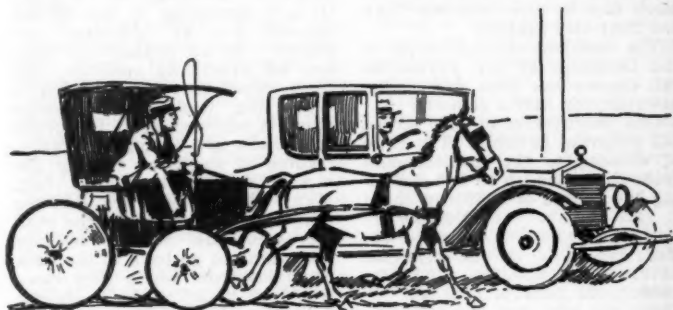
Mr. Harrington is a keen observer of men and things. Trained in pharmacy, but a victim of the writer's bacillus, he is well known in the literary world for the thoroughness of his research. He will contribute regularly to the pages of MEDICAL ECONOMICS.

cry which has taken them from Coshocton, Ohio, to Cincinnati; and bright, young business men who once measured gingham in Stringville now saying "Step this way, please" to department store bargain salers in dynamic Detroit.

This is no sudden inquisition which has come upon us. When the nineteenth century was delivered by good, old Dr. Chronos, only about 4 per cent of the inhabitants of the United States lived in cities. When the twentieth century began, ten times as many more Americans were urban dwellers. The census of 1900 revealed 30,000,000 in the rushing, and 45,000,000 in the rural communities. Uncle Sam's counting men, in 1920, reported the

High wages in industrial communities, the cutting of immigration, and the agricultural crisis are assigned as causes of the latest shift. In 1922, 2,000,000 persons deserted the hoe, and less than 300,000 grew tired of the hum of street cars and went back to the peepers. At the present writing, therefore, considerably more than one-half of the people of the United States are still blinking at bright lights. Theoretically the medical profession might be expected to distribute itself on the fifty-fifty basis between city and country. As a matter of fact, it seems to especially prefer front rows to hedge-rows.

Dr. Mathias Nicoll, Jr., health commissioner of the State of New



... the country physician passes.

skyscraper and the flat had captured 42,000,000 of us, while the old homestead was still sheltering 50,000,000, or more than half of the 92,000,000 population. Our last census, taken in 1920, revealed that the balance had swung for the first time in favor of the city, as of the 105,000,000 men, women and children, 54,000,000 were of the yardstick wielders and ticket taker classes, 51,000,000 were bound to the plow and the cultivator. The latest estimates give our population as 110,000,000, in round numbers, and show the trend from country to city increasing.

York, and chairman of the Committee on Medical Service of the State and Provincial Health Authorities, which is conducting a national survey of the whereabouts of the medical cohorts, finds alarming scarcity of physicians in the sparsely settled regions.

One area of 1432 square miles in Nebraska has neither doctors nor railroads. In a parish of Louisiana a patient would have to travel for 185 miles for a prescription.

Figures of the American Medical Association, based on the census of 1920 and the 1921

A. M. A. directory, give the following picture of distribution:

cal colleges; causes the constantly rising costs of both

Supply of Physicians in the United States in Proportion to Urban and Rural Population

Population of Communities	Per Cent Population	Ratio of Physicians	Percentage All Physicians
500,000 and above.....	15.5	529	21.0
200,000 to 500,000.....	6.1	493	9.0
50,000 to 200,000.....	9.4	575	12.0
10,000 to 50,000.....	11.4	563	15.0
5,000 to 10,000.....	4.7	527	6.0
Below 5,000.....	52.9	1,020	37.0
Totals	100.00	726	100.00

There is a slight variation between the Census Bureau and the A. M. A. conception, as to just where the pavement ends. Officially a place having less than 2500 is truly rural. If we accept the popular idea of what constitutes "country," we would find probably less than 40,000,000 Americans actually next to the soil. These certainly are favored much less by the caduceus than are their city cousins.

The number of physicians to the thousand of the population fall classes has been decreasing, however, for half a century.

One practitioner in 1870 served 622 potential patients. The ratio of citizens to the medical man from that time up to and including the census of 1910 ran thus:

Year	Number of Persons to the Physician
1870.....	622
1880.....	583
1890.....	601
1900.....	585
1910.....	612

Average of 5 censuses 600
Ratio of 1920 census. 724

The big slump after 1912 was due to several causes, such as campaigns of educational foundations, which increased the required number of years in medi-

academic and medical education—and the family overhead.

Many medical men left their country practices to go to the World War. There they got such a taste for seeing the face of adventure they never went back to the Bonnie Briar Bush at all. Fully two thousand of them who cannot be accounted for as dead, wounded, missing, or A. W. O. L.'s, according to the official records, are at addresses unknown. In all probability, they are not practicing medicine, but have joined that legion which is supporting itself in our large cities in business life. Hundreds of doctors are selling insurance, trading in stocks or seeking the nimble dollar where they can. Many who formerly traveled the country turnpike are on the road for wholesale houses, because they think to go back to the back countries from which they came would be to acknowledge defeat.

Serving the 38,000,000 inhabitants of the United States in 1870 were 62,383 physicians. The last census shows our population has increased 2.76 times, or nearly three-fold. By this token there should now be in the nation 171,977 practitioners, instead of the 145,000 odd reported by the American Medical Association, which means only one physician to 726

The automobile came as the horse passed.

What is the best car for the physician?

Will not the physicians who believe their particular cars are the most suited for their purpose tell MEDICAL ECONOMICS their reasons therefor? By so doing they will confer a favor on their fellow practitioners.

of the population of the United States.

With 37 per cent of the doctors in the villages and hamlets and country regions, the rural population unquestionably is getting less than its share of medical attention. In the city of Albany, for example, with a population of 115,000, a practitioner is ready to attend every 402 persons. In the State of New York there are 1400 municipalities, of which 250 have no physician. The late Dr. Herman M. Biggs, when New York State Commissioner of Health, reported that 92 of these incorporated places applied to his department for assistance in getting someone to look after their sick, and only 62 of the vacancies could be filled, with the State doing its utmost to meet the situation.

In Connecticut, famed for abandoned farms, there are fifty-six towns, really equivalent to counties, which have no physicians. They have from 300 to 2500 inhabitants each, and their total census is 42,000 out of a State population of 1,475,000 souls. The map shows these towns are wedged in between regions which have service, yet this certainly reveals a startling dearth of doctors.

In the opinion of the able secretary of the Council on Medical Education and Hospitals, A. M. A., "There is no shortage of physicians in the United States, but a serious lack of distribution." Considering the advent of some 10,000,000 automobiles into the economics of the nation, and the greater facilities in transportation generally in the country districts, he would, I think, be supported in his view by the majority of the profession. Still the same Rolls-Royce which takes the rich patient to his country estate can roll him back again to his own metropolitan doctor, or bring that practitioner out for a week-end. Patients can go to the city, and do, in many of the more prosperous of the farming districts. However, the automobile

does increase the doctor's radius of action, as shown by figures furnished by the courtesy of the National Automobile Chamber of Commerce.

That body ascertained by a widely distributed questionnaire that the average annual mileage of physicians is 9280 miles, of which 7850 miles, or 84 per cent, represent the gasoline burned in the practice of their profession—the residue being recreational and joyful. The increased productivity of the profession was placed at 104 per cent—all duly ascribed to the use of motor cars. In the winter, in the rural regions, however, there are days when the roads are impassable even for the stoutest self-propelled vehicles. About the only way the doctors can get to patients is by commandeering second-hand war tanks, or aeroplanes, as some adventurous ones have done, or prescribing, at least temporarily, by telephone. The last is not very satisfactory nor remunerative, unless one is a disciple of Abrams and is able through electronic reactions to detect bars sinister by radio, and T B by calling central.

The gravest aspect of the situation, however, is that the number of graduates of medicine is diminishing, and that those who are beginning practice are all inclined to shun the country. Most of the men who are still in the rural districts were licensed from twenty-five to thirty years ago. In one Eastern State there are health officers in active service who are seventy and seventy-five years of age and several who are more than eighty and are still going as strong as they can, because there are no recent graduates to take their places.

(Concluded in November)

Man's Attitude Toward Life

Above all, the right attitude toward life and work is the greatest factor in any man's success. The first essential in the development of such an attitude is a big, unifying, inspiring purpose. Work out a personal philosophy of life which will insure the greatest success and happiness.—R. W. Babson.

Injecting the Prompt-Pay Germ to Prevent Slow-Pay Disease

EDWARD H. SCHULZE

NEW YORK

They say that "confession is good for the soul," so let us admit right at the start that the average physician is often a poor business man when it comes to collecting the money honestly due him.

This should not be so. It is nothing to be proud about. If the money you "did not bother" to collect meant a loss just to you, it would be bad enough, but the damage is greater than this. You breed, among people, a tendency to think lightly of their obligations to physicians generally. You encourage people to get the wrong viewpoint as to paying for medical services. While it would be too much to say

that your carelessness makes "dead beats" out of many slow-pay individuals, it is true that every time a physician says he "hasn't the time to collect his bills," he is just breeding in the mind of some weak-minded individual the impression that "doctors can wait." And the result is that the profession as a whole suffers.

You don't find people making their landlords wait for the rent, do you? They have been trained to feel that the rent must be paid—and they pay it. You don't find people lax about pay-

ing their telephone or light bills. They know better than to wait too long. It is all in training them at the start to appreciate that prompt pay is expected and must be made. People instinctively do what is expected of them. They are creatures of habit. If a "thing is being done" they go ahead and do it. They seldom question why. Because a thing has "always been done that way" they feel it is right and proper. That is where the physician has failed.

He has been too loose in his billing and collection work. And carelessness on the part of the giver of the service (the physician) is sure to breed carelessness on the part of the

receiver of the service (the patient).

But your physician cannot be expected to use the same billing or collection method of a business house, for he has neither the facilities nor the time. But he can, most positively, send his bills out PROMPTLY and attach to the first bills such little memorandums as shown in this article.

All we suggest is that the progressive physician simply go to some multigraph or letter-shop in his town and have them run off several hundred copies of

This is the first of a series of four articles on collections for physicians, prepared by Mr. Schulze, who for the past twelve years, has specialized in this work. He is presenting a practical plan by which many thousands of dollars have been collected, after the bills were supposed to be uncollectible.

these little slips of "reminders." Then send them out, pinned to the first bills. This saves the time and trouble of writing any letters in the early stages of the indebtedness and yet doing more than merely sending a bill, for you must do more than just send the bill.

The following slips are intended for use with the *first* bill-

ing. Several are shown so that the physician can make his own selection. Remember, please, these slips are multigraphed on small pieces of bond paper, about 3 x 5 and pinned to bill. They will cause the patient not only to stop and think—but train the patient to think as he should regarding the obligation. The most popular appeal appears below:

IN TIME OF TROUBLE--THE DOCTOR

The Doctor is your best friend in time of trouble and just as in emergencies he strives to help you and yours, you should strive to help him by promptly paying his bills. It may seem a little thing in itself, but when you promptly send your check, you make it easier for the Doctor to mark your account "paid in full." And he does not forget.

YOU WILL DO IT ULTIMATELY. DO IT NOW. THANK YOU.

Another type of slip runs like this:

YOUR COURTESY IS REQUESTED

Kindly forward your check in payment of the attached bill and help me to maintain my accounts in their usual "paid-in-full" condition.

Permit me to thank you for your usual courteous action in promptly settling professional charges of this nature.

Some like this; a matter of opinion:

PROMPT PAYMENT CREATES GOOD WILL

Doctors, like other humans, cannot help feeling kindly toward those patients who promptly take care of their obligations and thus conserve the time of the physician and enable him to give full attention to his professional duties rather than to concern himself about the engaging of collectors to collect his bills.

Thank you for taking care of attached and promptly letting me have your check.

Conservative Investments

A LETTER TO INVESTING PHYSICIANS

Gentlemen:

It affords me much pleasure to adopt the suggestion that I send you a communication concerning conservative investments.

A body of physicians having been subjected to the discipline and training for and the practising of their profession should respond almost as a unit to sound arguments regarding their welfare. That we may take for granted. In what I have to say to you, therefore, I venture to depart somewhat from the beaten track, and ask you to accompany me along a new trail of thought and consideration, which I hope we may explore with mutual interest and profit.

It is, as you know, customary to seek common ground in such universal interests as sports and politics or in those aspects of human nature which give opportunity for humorous appeal to all good fellows, but the quality of your profession is so exceptional that I am constrained to write seriously on a subject that directly concerns all of you and even more intimately the welfare of the families of most of you.

I am not especially advocating the gospel of thrift, even though every officer of any institution managing estates finds in his daily work convincing proof of the need of it. We may, I hope, assume that every doctor is provident and realizes to a greater or less degree the propriety of making his investments wisely. With the best of intentions, however, the average man does not know how to do this, simply because of his in-

experience and lack of contact with business matters. They are naturally to a large extent out of his field of activity and observation. On this problem I hope to throw some light by approaching it from the point of view which you and I have professionally.

You will inevitably ask—indeed, you have probably asked yourselves—"What professional community of interest can there be between the banker or the investment adviser, as such, and the

medical man, as such?" My answer is that in these two professions—if you will concede that the banker is also a professional man—the

fundamental principles that govern all practice in both are identical. It is my purpose merely to remind you of these principles and then to make the attempt to apply them to your investment problems.

(1) First of all I may remind you that on attaining your degree you took the Hippocratic oath of loyalty to the ideals of your profession. The medical man has a great advantage over the banker in the fact that such a method of formality and publicly yielding allegiance to a high standard of professional conduct dates back into the mists of antiquity, probably some 2500 years or more. So long, at least, have the members of your fraternity acknowledged explicitly both their duty and their general desire to serve their patients to the best of their ability and to do nothing which would injure either the patient or the profession. While the

Mr. Samuel S. Conover, the writer of this enlightening letter, is president of the Fidelity-International Trust Company of New York, and is recognized among financiers as one of the city's most conservative bankers.

banker or an investment adviser has not as yet been called upon to take any such form of oath, there is the recognized obligation in the banking field of whole-hearted and conscientious service to clients which is faithfully adhered to by a considerable part of the members of that fraternity. Back-sliders there may be among medical men as there are among bankers, yet in both callings there undoubtedly exists a standard of professional conduct which has a binding effect upon those members who attain, because they deserve, lasting success and influence. Hence, even at the risk of seeming to demonstrate an axiom or plead for a platitude, I must remind you that among bankers as among medical men the foundation qualities are integrity and loyalty to those interests intrusted to them.

(2) Secondly, in both of these fields of human effort confidence in the belief that "knowledge is power," faith in the value of proved facts and the *unshaken belief in scientific methods*. In your own profession you are fully conscious of the revolutionary changes in both theory and practice in medicine which have followed upon the discovery of such facts as microbes of various kinds and the scientific interpretation of such apparently irrelevant circumstances as the coexistence of mosquitoes with yellow fever or malaria. Countless minute facts like those are now being studied by thousands of men in hundreds of laboratories, generously equipped and maintained at great expense the world over. These painstaking researches directed by scientific methods are revolutionizing the practice of your profession.

Similar researches are now being carried on by members of the banking fraternity. We, too, have thousands of investigators spending their lives in the discovery of facts and conditions affecting the vigor of corporate life and the consequent safety or weakness of such investments; while other thousands are gaining pathological knowledge at the bedside of corporate or individual business undertakings that have gone wrong. Especially as a result of the period of deflation which followed the signing of the armistice there has been in the banking world in the last few years a considerable amount of hospital work. This has been conducted for the most part quietly and confidentially, and a great many important concerns that needed treatment have been nursed back to financial health and strength. The diseases to which capital is subject, the risks to which your investments may be exposed by incautious action, these are being studied exhaustively by a great number of analysts and credit experts.

Such work naturally varies in quality and degree of success as greatly as that of your own investigators. It is not every day or even on the right day, perhaps, that we learn of the discovery of *insulin* to prolong the life of a patient with "too much sugar"—your Toronto colleague made his announcements too late to relieve certain sugar companies which were in distress some months ago—but our researches into the ills to which investment funds are liable are cumulatively progressive.

The methods and results of the best accountants, statisticians, analysts and economists, working

"How I Invest My Surplus" could well be the subject of an article written by hundreds of astute physicians in whom the sense of business is well developed. Why not tell the 100,000 medical readers of MEDICAL ECONOMICS about it?

We shall publish articles by well-known financiers on this topic, but will especially welcome papers by physicians showing how they have made their money earn more money.

with the leading bankers and investment houses, may be compared with those of the specialist in the medical laboratories. In banking and medicine alike many a specialist embodies the results of years of academic study, marked by college and university degrees, succeeded by a lifetime of investigation and the accumulation of experiences. Particularly is this true in the investment section of the banking field, where this professional aspect of research work is most highly developed. There may be found specialists as eager for proved facts, as devoted to scientific method and as unbiased in their research for truth as their counterparts in the medical field. But, of course, just as some practicing physicians are alleged to ignore the progress of medical science, so there may be found investment bankers who fail to keep pace with the leaders in their field.

(3) The next analogy to be drawn is between the "quacks" in medicine and in banking. The exponents of "cure-alls" and "get-rich-quick" recipes obviously have much in common, yet it is of interest to observe that good bankers have been known to try "patent medicines" and good doctors to experiment with "gold-bricks," both acting on "tips" from non-professional advisers. The so-called lists of "easy-marks" for the distributors of securities include the names of many doctors, who seem to be the natural prey of these unprincipled distributors. I frankly admit that there is no "quack" so dangerous as the one who prescribes for himself. Personally, I hesitate to go into the nearest

drug store and help myself from the bottle with the brightest label, containing the liquid of gayest colors, as likely to be "good for what ails me." In these days I am even somewhat suspicious of familiar looking liquids in square or long-necked bottles bearing labels such as once may have commended themselves to me. In all such matters advice by those having knowledge is preferred, so it is amazing that so many men, blessed with professional training, should act on "tips" from un-

professional advisers, or entirely on their own judgment, without minute and careful study regarding investment matters. Inclination to dispense with professional advice is perhaps an inevitable product of the times—the by-product of the per-

verted doctrine of democracy. When "one man is as good as another or better," there can be expected much less than general deference to the professional adviser. But it is, of course, the man of professional training who must stem the tide of disbelief in the value of expert opinion. The doctor, then, may fairly be expected to submit his technical problems in alien fields to specialists. His investment questions in particular involve so many technical difficulties, while of such supreme importance to his family, that self-advice seems much like quackery of a dangerous type. Therefore, it would seem the better part of wisdom when one is sick to seek the best physician available, for the more we learn from the danger threatening strangers in our own



A banker is an expert in reading the symptoms of weakness in stocks and bonds

special field the less we shall be inclined to brave the perils of other fields cultivated by experts.

(4) The last striking resemblance to be mentioned involving characteristics of supreme importance in both medicine and investment banking is the growing recognition of *superiority of preventive over curative measures in practice.*

In medicine we observe such facts as these: yellow fever has been practically eliminated; septic poisoning is now regarded less a dispensation of Providence than the result of criminal neglect; men are commonly counseled to cease "digging their graves with their teeth." Such commonplaces are merely indicative of those preventive functions of the medical fraternity, which promise to command increasing respect from laymen. Possibly we shall adopt the procedure attributed to China, of paying physicians only so long as they avert sickness. A like practice was followed in a civilization now vanished: Four thousand years ago, so I am told, the Assyrian code prescribed the loss of both hands for the surgeon whose operating resulted in death. Such a penalty for malpractice or bad luck—if there be such a phenomenon in any science—may not be now desirable, but there is at least something to be said in favor of demanding from professional men the full utilization of the most advanced methods of the science. As for the physician, to keep men well seems at least as commendable and likely to be soon as practicable an undertaking as to cure them from disease incurred needlessly.

To conserve the funds of widows and orphans, if not of self-willed and able-bodied professional men, appears to be a social obligation of like high importance. The penalties con-

stantly paid by loss of principal or interest or both by families of men who originally made their investments wisely and then neglected them, run into enormous sums. Every administrator of any estate, every trust officer of a banking institution and every investment dealer expects to find in the average estate bonds and stocks which were never worth purchasing or have deteriorated so far as to have little or no present value. The prevention of such losses, whether to be suffered by the purchaser or ultimately by his dependents, obviously should begin at the moment when the original purchases are contemplated. That is the best time for definitely determining the merit of a security, for never again is there likely to be free choice between holding and not holding it, and never again will anybody feel bound to supply such complete information as you may demand from the seller.

When once the wrong investment has been bought, the average investor is in a comparatively helpless position, lacking sources of reliable information regarding changes and conditions affecting its value and unable—if a small holder—to employ competent experts to help guard him against deterioration. Even where a security was sound at the outset, unforeseen changes may affect it injuriously so that watchfulness is advisable in practically all cases. In short, the doctrine of prevention requiring sound judgment in buying and constant watch over investments bristles with difficulties for the typical investor of moderate means.

Securities should be purchased from banking houses of recognized standing, they should be substantiated by a financial

(Concluded on page 44)

Can the physician away from the large cities afford an office nurse? Some country doctors do and utilize their services to advantage. Will not some of these men tell us the type of women or girls they employ, the character of their labors and the remuneration usually demanded?

Deflating the Jazz Cults

ARTHUR C. JACOBSON, M.D.

BROOKLYN, N. Y.

In the *Journal of the American Medical Association* of November 14, 1908, the writer submitted a plan for checking the growth of irregular schools and destroying charlatan factories. Nothing has occurred in the course of the fifteen years which have passed since that time to change the writer's opinion that the plan was a perfectly good one, and a few things have happened which would seem to show that there have been good results wherever the spirit in which this plan was conceived has been emulated and applied, wittingly or otherwise.

The plan in question was presented in such brief terms that it will serve our present purpose best to quote it in its entirety:

"If the profession be really desirous of destroying the freak systems, if it ever intends to abandon its miserable *laissez-faire* policy in 'dealing' with great evils (in the soiled waters of which policy it would appear at times to be wholly steeped), and if it shall yet bestir itself and attain an actual solution of this problem, how, in all human probability, can it accomplish such a beneficent result? What shall the method be?

"The right remedy lies so near that only an occasional Morton Prince sees it clearly.

"Morton Prince, in the *Boston Medical and Surgical Journal*,

October 17, 1908, says that 'the present-day crude and unscientific system of psychotherapeutics known as Christian science, mind cure, osteopathy, and what not . . . should, properly speaking, be looked on as aprobria on medical education rather than denounced as public evils.'

"We must teach systematically all the freak systems in the regular schools! The chairs of therapeutics must be amplified and must cover all the freak systems thoroughly. There must be no limit to their scope. There is

really nothing absurd about such a proposition, for, scoff at the freak systems as we will, it is an undeniable fact that, individually, we know very little about

them at first hand. All truth does not reside in us. We are not the divinely appointed, sole and sacred repositories and custodians of it, after all. We are entitled to possess, and it is our duty to acquire, the kernels of truth which lie buried in the potpourri of claptrap to separate the wheat from the chaff, to tear out of the stroma of flubdub the modicum of parenchymatous truth always contained therein.

"The irregulars cure a class that we do not cure—a bitter truth. 'The man in the street' cares nothing for your codes and creeds.

"The systems must be studied coordinately and in true perspec-

Dr. A. C. Jacobson is one of the most virile writers in the medical profession. Despite the arduous duties of a large practice, Dr. Jacobson finds time to prepare many special articles on medical topics. For years he has been associate editor of the MEDICAL TIMES.

tive. No sectarian product could result from this. Instead of acquiring a hodge-podge of distorted knowledge concerning the irregular schools after graduation, the student would be fitted to outclass the whole tribe of licensed charlatans. Now we can only gnash our teeth at them. It would be like teaching knowledge of sexual matters in the home circle, instead of allowing children to acquire it on the streets.

"Merely on historical grounds serious account could be taken of homeopathy. A man can study homeopathy at Rush or at the University of Michigan. That's precedent enough. Only he should not be permitted to limit his studies to one system.

"The adoption and application of this plan would necessitate the appointment of associate or adjunct professors who would have to fit themselves for their posts by special study at the freak schools.

"Has not regular medicine itself emerged out of a fearful tangle of false postulates, impossible dogmas, Arabic inanities, Galenic heresies and Hippocratic platitudes? Have we not had our many editions of Brown and of Paracelsus? On what meat have our medical Cæsars been themselves fed that they should balk even at osteopathic diet?

"After the many tough centuries of tough feeding that we have endured, do we still suffer from intellectual dyspepsia? Can we even yet not eat thankfully the coarse diet with which the medical larder is stocked (as well as such delicacies and titbits as the

side-chain hypothesis of Ehrlich and the opsonin therapy of Wright), digest its valuable content, egest the cellulose of rot and buncombe, and grow yet fatter? Aye, and even say a grace to Asklepios before the feast! We are eating this very diet as it is, swallowing psychotherapy and all the other cults with many a grimace. Let's put a better face on it. That's all. Let's swallow the pill gracefully.

"Teach the freak systems for what they are worth, and in so doing destroy the incentive of patients to consult sectarian practitioners, thus absorbing the sustenance of the latter at its very source. They would soon suffer inanition. Legislation has done no more than recognize and license the freak systems and give representation to them on our examining boards. This is not a cure, nor yet a palliative. Indeed, it safeguards, wet-nurses and perpetuates these systems. It lies with ourselves to deal with a subtle enemy in a subtle fashion. The fire must be fought with the water of a subtly adequate resourcefulness, not through a legislative fire department through whose hose runs the kerosene of expediency and compromise.

"Will the reactionaries rise up from their standpat quagmire, vainly strive to shake off the mud that tenaciously holds them in their miserable slough, and then declare this to be the greatest and most comprehensive scheme ever offered for a wholesale exploitation of quackery? Hark, hear ye not their hoarse croaks even now?

(Concluded on page 37)

Some physician in some town in this wide country of ours has a means of bookkeeping which is unique because it is at once simple, convenient and accurate. He undoubtedly devised the method himself and does not appreciate its uniqueness, nor does he realize how valuable such a method would be to some of his fellows.

Will not that doctor describe the system in MEDICAL ECONOMICS for the benefit of other practitioners?

If you have a message to Garcia please send it to the editor.

The Function of the County Medical Society in Graduate Medical Education

FRANK D. JENNINGS, M.D., F.A.C.S.
BROOKLYN, N. Y.

Organized medicine rests on the County Medical Society as a fundamental unit. It is the live, going, moving basis of the entire structure. State and national organizations are in a sense "paper" organizations, meeting through a house of delegates once a year and handling at such times matters of state and national scope.

It is of importance, therefore, to analyze the functions of a county society, to determine what its sphere is and to consider ways and means of making it of greater influence and enhanced value to the public and to the membership.

Organized medicine came into being because of public demand that some agency be created to regulate the "practice of physic," charlatans abounding even at that time, the latter part of the seventeenth and early part of the eighteenth centuries. By legislative enactment it was permitted that county and state medical societies could be organized, and among other powers granted to these societies was that of licensure. Later, the right to issue licenses to practice was withdrawn and assumed by the State.

This left for the County Society, then, two fields for activity, public health and medical education. The former, if consummated at all, was through the medium of a public health committee, and it cannot be emphasized too strongly that this phase of county society activity is capable of greater and wider development.

In the educational field the societies have

functioned through meeting at stated intervals, weekly, semi-monthly or monthly, at which matters of scientific interest, generally the most recent advances in medicine, were brought forth. In so far as they went they

were wholly admirable and helpful. Thus, during a year of normal, active work on the part of the responsible officers, programs were provided which gave an opportunity for the members to keep abreast of everything new.

While, as has been said, this was of great benefit, there was a void somewhere. The general practitioner was not always attracted by a program of superlative, technical interest, and not without reason. His problems and

The one-hundred-year-old Medical Society of the County of Kings, which county is the Borough of Brooklyn, New York City, had as its president in 1922, when it instituted the course of lectures here described, Dr. Frank D. Jennings, a prominent surgeon, and a man known for his desire to further in every way the interests of his chosen profession. Innate modesty does not permit him to show the important rôle he played in this work.

troubles arise in the every-day practice of medicine, and programs such as have been mentioned do not bring him the kind of service he needs most.

In 1922 the Medical Society of the County of Kings (Brooklyn) attained the one hundredth year of its existence, and in preparing to mark the centennial year suitably a great deal of consideration was given to the above described situation; in fact, to the whole field of graduate medical teaching, with the purpose of making the society of greater service, not alone to the members, but to all practicing physicians.

The deliberation at that time led to two conclusions: First, that the conventional type of monthly meetings should not be abandoned, but maintained, broadening them out so as to include not only the scientific but the economic and public health factors involved. And that these should be supplemented by a series of weekly lectures to be given on a specific day, at a specific time, lasting one hour. The time selected was "Friday at five," the feeling being that the latter part of the week was better than the early, and that the late afternoon was preferable to the evening, when the lecture would necessarily compete with evening office hours or calls and the doctor's social and family life.

A committee was designated to take charge of the work and a program of lectures arranged under the title "Practical Lecture Series." This was advertised to the profession by announcement at meetings, by letter, and later, as will be explained, by card and through the press.

It may be said at this point that serious misgivings were entertained by the committee as to the practicability of the scheme.

However, so thoroughly did the committee sense the situation, so practically did it plan, and so admirably did the lecturers cooperate that the auditorium of the library building of the society was crowded to capacity at all of the twenty lectures. In fact, the crowds were so great that the police department set aside special parking space for physicians' automobiles, and at that it was not uncommon for one coming late to be obliged to park from three to five blocks away.

The committee at the inception of the task confronted certain fundamental factors besides those already spoken of—day, time, length of lecture, etc. These concerned the type of lecture, and the decision was that in all instances the periods would be devoted to lectures. Papers were not to be read, there was to be no discussion, although time would



the crowds were so great that the police department set aside special parking space

be afforded for the asking and answering of questions. And the lectures were to be given by teachers, and the subject matter of common, current, clinical character, preferably the type of lecture received by senior medical students. In this way a review would be given and men in practice many years would have the opportunity of refreshing their memories and linking up the scientific phases of many subjects with experience.

The selection of subjects followed and invitations to the lecturers issued. As the program for the spring term was built up a circular letter was sent to every practicing physician in Kings County, outlining the course and its purposes, and giving the dates, titles and lecturers for the first four lectures. Simultaneously, a placard was mailed to every hospital, to be placed on its bulletin board. This placard also stated the purpose of the lectures, the names of the committee, and carried a space near the bottom where the weekly post cards announcing individual lectures could be affixed, all of this under the caption and seal of the Medical Society of the County of Kings. Subsequently, each lecture was announced by a post card sent to every practicing physician in the county, regardless of membership in the society, the thought being that the lectures were intended for the good of medicine. The list of lectures follows:

- No. 1.—Dr. John Osborn Polak, "Pelvic Inflammation in Women."
- No. 2.—Dr. William Francis Campbell, "Infections of the Hand."
- No. 3.—Dr. Glentworth Reeve Butler, "Cardiac Murmurs and Arrhythmias."
- No. 4.—Dr. George David Stewart, "The Interpretation of Abdominal Pain."
- No. 5.—Dr. Roger H. Dennett, "Infant Feeding."
- No. 6.—Dr. Robert L. Dickinson, "Office Gynecology."
- No. 7.—Dr. John J. Moorhead, "The Treatment of Common Injuries."
- No. 8.—Dr. John A. Fordyce, "The Common Skin Diseases."

- No. 9.—Dr. Edward L. Keyes, Jr., "The Suggestive Symptoms of Urinary Disease."
- No. 10.—Dr. Tasker Howard, "High Blood Pressure."
- No. 11.—Dr. Elliott P. Joslin, "The Treatment of Diabetes in the Home."
- No. 12.—Dr. John B. Deaver, "Diagnosis of Upper Abdominal Conditions."
- No. 13.—Dr. James Ewing, "Rational Pathology and the New Therapeutics."
- No. 14.—Dr. John Osborn Polak, "Dry Labor."
- No. 15.—Dr. John Osborn Polak, "The Breech."
- No. 16.—Dr. Thomas McCrae, "The Arthritides," "Dry Clinic."
- No. 17.—Dr. Walter Truslow, "Office Orthopedics."
- No. 18.—Dr. Herman O. Mosenthal, "Renal Function in Clinical Medicine."
- No. 19.—Dr. William Francis Campbell, "Appendicitis."
- No. 20.—Dr. Luther F. Warren, "Fundamental Signs in the Examination of Patients."

Enthusiasm and interest continued unflaggingly throughout the year, the attendance at the last lecture in December being as great as at the first one in March. As some one said at the time, "Doctors are going to school again."

The lectures were of uniformly high order, keen, instructive, the finest product of able, teaching minds. The lecture series, if it did nothing else, demonstrated the inherent soundness of the medical profession, on the one hand, the eagerness of the medical man to learn, on the other, the unselfish willingness of the teacher to disseminate knowledge, the more so on the part of a number of lecturers who came from out of town to talk one hour.

The series has been continued this year (1923), with the same result, and it is believed, in Kings County, anyway, that the educational duty of a county medical society can no longer be discharged by the monthly meeting. We feel the future will see a constantly growing recognition by county societies throughout the country that their prime duty is education of their members in all that pertains to or is part of medicine, be it economic, public health or scientific.

Business Methods in Medical Practice

W. R. BOYER, M.D.

PAWNEE CITY, NEB.

I believe that there should be a chair of business administration in every medical college, for no man can go out into the world as a practitioner of medicine, and do his best without some sort of business education. We start out with a large overhead expense, usually borrowed. If ever a man needs business sagacity it is then. He is beset by every beggar and begging enterprise imaginable. Every stock salesman and insurance agent, to say naught of oil and mining philanthropists, will be so interested in him becoming one of the money kings of the locality that they will gladly and willingly offer to him the most amazing opportunities to become so at a very small cost. Most of us fall for some or all of these things. I did. I do yet.

Were I to have the opportunity to again swing my shingle to the wind as a young man under the age of thirty I would go to one of the smaller towns of our State, a two-man town, and, were the other man at all competent and a gentleman, I would make him my friend, confidant and counsellor, and endeavor to make the community believe that he and I, working in harmony, were as able to care for the physical health of the community as any living men in our profession. I learned by experience and observation that nothing is gained by be-

littling a colleague. It costs good money every time.

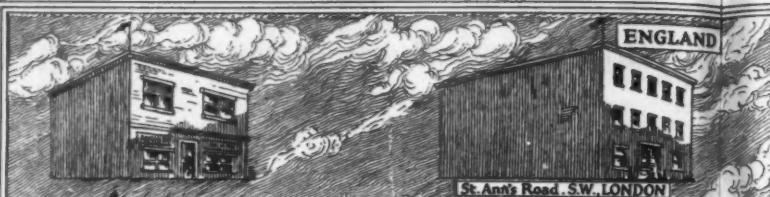
Here in this small town I would rear my little family. The small town offers a man everything to make him what he should be—broadminded, broadly experienced, self-reliant and resourceful. Here he meets every condition of life and almost every disease condition. In this capacity alone one can achieve the highest ideal of the medical man.

The first thing I would do would be to establish a goal in the saving of one hundred dollars every month, which would be invested in the purchase of sixteen shares of stock in a reliable building and loan association. I would permit nothing to interfere with this plan and the payment of the \$100 each month, and if I did not have it I would go to my debtors, explaining my need, and I would get it.

At the end of nine years the company would hand me a check for \$16,000. I would place this in a farm loan at, say, 5 per cent, without taxes, which would net me \$800 a year. I would then buy another block of the same kind of stock, but this time I would buy twenty-six shares, as I would have \$800 to invest in addition to the original \$166 and a fraction per month. By continuing this for another nine or ten years this block would also

(Continued on page 46)

Some physician in some town or smaller city has worked out an ideal office equipment for the general practitioner. Will he not take pen in hand and write us about it, and, better still, send a sketch of his layout so that his confreres may benefit?



IN this little corner drug store in Colorado 30 years ago, Antiphlogistine was first compounded.

Brought forward by physicians as sponsors and introduced exclusively through the medical press, Antiphlogistine met a real need in the practice of medicine which sufficiently accounts for the cordial reception given the new therapeutic agent and the steady extension of its circle of friends.

In a remarkably short time, its use spread from Coast to Coast, and brought its sponsors face to face with problems of production and distribution which called for constant adjustment. These problems have been solved and always without affecting in the slightest degree the original spirit of the enterprise—to provide the practitioner with the best non-toxic antiseptic and osmotic application for the treatment of inflammation and congestion.

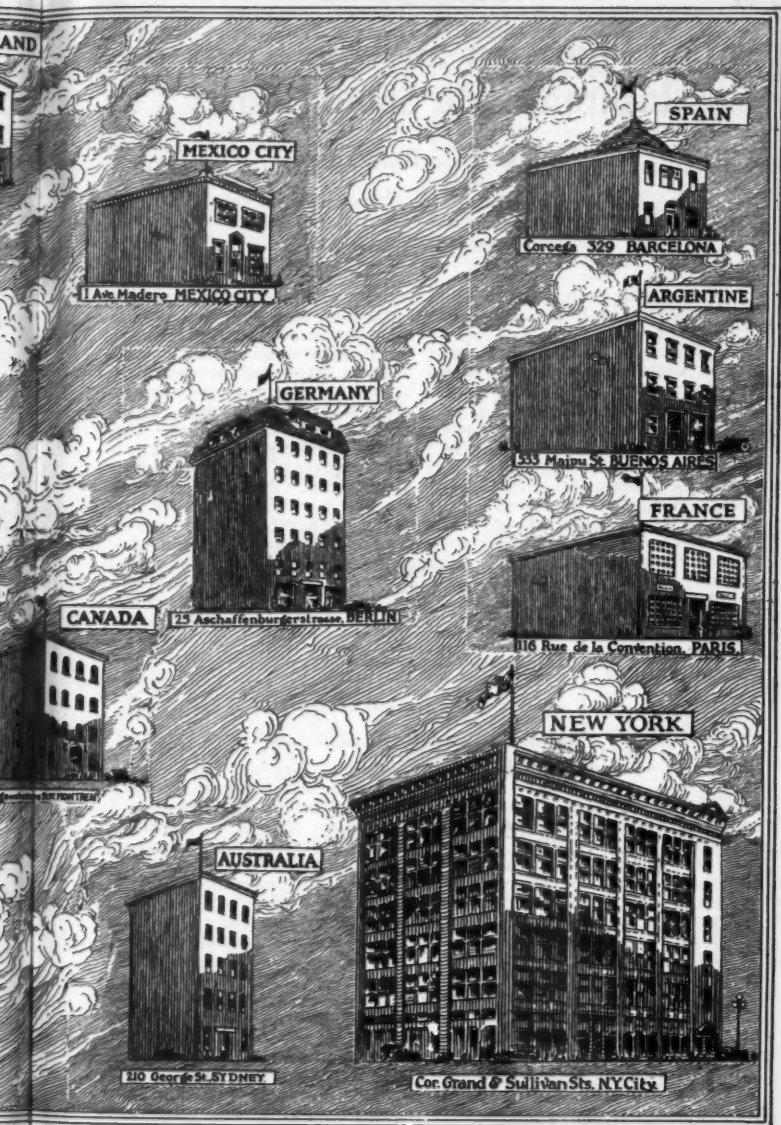
Today, Antiphlogistine is available anywhere on the globe and its condition and therapeutic qualities are absolutely uniform wherever it is found. The support given it by the medical profession and the medical press everywhere have made it the most extensively employed medical preparation in the world. No trouble has been spared either as regards equipment or personnel to insure the maintenance of proper standards in manufacture, and from whatever outpost the demand may call in the future, the service will follow.

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SEND FOR SAMPLE AND LITERATURE TODAY



The Physician and the Kinds of Insurance He Should Carry

H. SHERIDAN BAKETEL, JR.
NEW YORK

"How much property did the doctor leave?" said Mr. Jones to Mr. Brown.

Dr. Blank, a leading physician of the community, had died very suddenly, as the *Daily News* said, "in the flower of manhood."

"A house free and clear and \$42,000 in life insurance," was the reply.

"Thank heaven for life insurance," devoutly answered Mr. Jones, "for the interest on that will keep the widow and child going fairly comfortably."

Such dialogues take place with tragic frequency throughout this land, but the reply of the Messrs. Brown to the Messrs.

Jones are not always so reassuring.

The greater part of the ordinary man's life is devoted to work and the resultant income in dollars and cents. Yet it is many times surprising to observe how he overlooks, avoids, or forgets to protect against loss that which he has and to obtain which he has spent untold hours.

Why should he not protect himself? Every man believes inherently in the fundamental principles of insurance, but the percentage of the country's annual fire loss not covered by insurance is astounding. It is even more than that—it is pitiful; for, one

can look behind those figures of total loss and see homes built and businesses started by self-sacrifice, scrimping and saving, only to be wiped out in a few hours, leaving the individual to start where he originally began.

The man who realizes these things protects himself and his family against the vicissitudes of uncertainty. No man can foresee fire, nor can any man foretell death. Therefore, the prudent man makes the protection of his

increasing possessions his first interest; the unseeing too often purchase protection too late.

Foundations of insurance were laid years ago when certain individuals

dealing largely in marine insurance combined to make secure the belongings of other individuals. Now it is possible to secure protection against practically every form of hazard. For example, life insurance is written in such a variety of forms that every man can buy protection against death satisfactorily to himself. Financial loss by reason of a breakdown in health or by injuries received in accidents may be guarded against. Great artists insure their fingers; present-day pugilists have policies on their forearms and hands.

Property is protected against windstorm, hail, rain, water dam-

Mr. Baketel of the insurance brokerage firm of B. N. Exton & Co. of New York will present in subsequent issues the details of the various types of insurance with which the physician should protect himself. This series will give the reader expert knowledge of insurance in a simple and very practical manner.

age, cyclone, flood, etc. The individual can indemnify himself against suit for damages brought for any reason by others. Landlords can be assured of their rental values and tenants can be protected against increase in rents.

How is the individual unacquainted with insurance practices to know what to do and how to do it?

Every man, for his own benefit and good, should have on his staff of experts an insurance adviser. In particular a physician whose time is so taken up with his practice and the troubles of others that business matters must needs receive but little of his attention, cannot afford to be without his insurance expert to render advice

bility policy which will indemnify him against a possible judgment. If a domestic servant or employee receives injury while in the course of his duties, the physician who seeks protection for his employees should have someone to advise him that the financial loss to the employee may be obviated by a Workmen's Compensation policy.

He should know that public liability indemnifies the owner of property from suit brought by persons not in his employ and injured while on the property, the basis of recovery of damages being negligence on the part of the owner. Damage suits with heavy judgments are becoming increasingly common and every owner should protect himself against such public hazards. The difference, as is readily seen, in the Workmen's Compensation and Public Liability policies, is that the former is bought by the employer or policy holder for the protection of those in his employ,



Select insurance for the protection it will afford your family

on the various matters of insurance importance.

Liability Insurance

Let us look at that with which he must contend. In the first place, there is his own practice. If for some reason the patient charges malpractice and brings suit for damages, he should have a Physicians' and Surgeons' Lia-

while the latter is insurance for the policy holder against the injured person.

Fire insurance to those who have not thought of it is of paramount importance. Protection against fire loss is probably the most common form of insurance. Nevertheless, it is too often disregarded. Not only should the

(Concluded on page 42)

Salutatory

THE physician is ordinarily regarded as an indifferent business man who, in the race of life, suffers economically because of his business ineptitude. His training usually has been entirely along professional lines. The average practitioner has had no opportunity to acquire business experience; because of that his reasoning is along scientific grooves and, as a result, although he may have a considerable income, he does not always make the best uses of a possible surplus. Again he may earn much, but for various reasons collect far less.

MEDICAL ECONOMICS is to provide the physician with a medium which will be devoted entirely to the business features of the medical profession and to the economic factors which obtrude themselves in the daily life of the physician. Professional matters, as such, will not be discussed in these pages, excepting incidentally and as they have a bearing on the purposes of our activities.

The subjects for consideration in MEDICAL ECONOMICS will be divided into three groups, each of which will be subdivided as occasion demands:

1. The Development and Conduct of Practice.

2. The Collection of Accounts.

3. The Investment of Earnings.

It is planned to publish a well-balanced journal with from six to ten articles each month and which shall be filled with practical facts, each one written by a specialist in his particular line. The Table of Contents published on another page is fairly indicative of what the reader may expect.

In addition to these general topics for discussion there will be several pages of editorial matter and several pages de-

voted to new instruments and appliances, with proper cuts and descriptive matter.

It is the hope of the progenitors of MEDICAL ECONOMICS to present to the physician each month a journal whose contents will materially aid the practitioner in the conduct of his professional and business affairs. The hope is expressed that through the suggestions made in these pages the physician may be shown methods by means of which he can increase his compensation in a strictly ethical manner, collect the greater part of his earnings and invest his surplus in such a way as to give him the best returns commensurate with safety.

Contributions along these practical lines are solicited from members of the medical profession.

The advertising will be eminently ethical and only those houses will be represented whose products have gained the confidence of the physician.

There are more than 100,000 licensed practitioners of medicine in the United States. Their professional wants are being catered to through the medium of many and various journals of repute, thus providing for this angle of their requirements. However, there has not as yet been any publication which devotes itself to the human element of the physician's needs. The physician applies himself to his practice with all of his faculties keyed up to his patients' needs. His entire training from his earliest college days constitutes him a delver in the scientific details of his profession, plus a feverish anxiety to carry on his responsible tasks so as to render service to his fellow-man. His selfishness oftentimes makes him a

martyr to the wiles of the unscrupulous, because he is ordinarily unsophisticated in affairs outside the domain of his loved profession.

MEDICAL ECONOMICS does not purpose to advise any steps nor to suggest any program which is calculated to abate one jot the altruistic which for all the cen-

turies has typified the career of the physician. It does, however, purpose to direct the attention to this army of benefactors to the needs of their firesides—to the practical side of the doctor's life, with a view to his present needs and to preparedness for the future of himself and of those dependent upon him.

The County Medical Society—Join It!

THE history of medicine bears substantial testimony to the fact that where members of the profession have presented a united front on issues involving public health, legislative bodies have, as a rule, enacted laws in conformity with the needs of the situation as outlined by the former. The exception to this is rare and occurs only when commercial considerations have animated groups of men representing combined interests to unite in enacting laws bearing upon public health questions. That have no motive other than their own preferment, although this feature of their activities has been camouflaged.

The trend of thought in this particular is best exemplified by what occurred last spring anent medical issues in the State of New York. Vexatious problems as to public health matters having obtruded themselves, Governor Smith invited the officials of the State Medical Society and of the various County Medical Societies to meet him in conference with some other representative medical leaders, to discuss pending legislation and to advise as to health measures generally. These practitioners, educators

and scientists were afforded opportunity to ventilate their views in the presence of the Governor with the result that the latter came into knowledge of the needs of the State on the subject of medical requirements as thus presented, which in turn was transmitted to the law-makers of the State by the Governor. Those opposed to what was practically agreed upon at this conference will have their day in court but it is fair to assume that the legislature will place on the statute books all measures proposed which are clearly *pro bono publico* and devoid of any attempt to cater to selfish interests.

It is hoped that the Governors of other States will employ similar means to obtain a clearance as to the advice of members of the medical profession concerning matters relative to their activities as they bear upon public health. However to make such a consummation feasible there must be a manifest community of interest on the part of practitioners of medicine. To this end organization is essential. For this purpose there must be in evidence a solidarity on the part of the doctors of medicine

whether engaged in practice, in laboratory or in education.

The individual medical man must be a unit of his local county society. This latter body should in turn be an integral factor in the State Medical Society and the state-wide organization should be in affiliation with the American Medical Association. These links make for a chain that is sufficiently strong to wield a potential influence in the counsels of the State and of the Nation and thus only is there hope of securing legislative action in conformity with the needs of the public.

It is axiomatic that what inures to the best interests of the people is most helpful to the individual. This holds particularly true of the Doctor of Medicine. His bread-winning qualities, his scientific aspirations, his community influence and his status generally are all enhanced when the public is satisfied that because of his cooperation in legislation involving public health issues, human life is being prolonged and the health of the community is being conserved.

Thus it becomes clear that in order to aid in placing medicine on a plane which will command public esteem, for the purpose of making his scientific knowledge potent, to insure respect for his professional opinion, to increase his bread-winning capacity—for all of these purposes it is highly essential that every licensed practitioner of medicine should be a member of the medical society of the county in which he carries on his medical activities. Too many practitioners have failed thus to affiliate themselves, the statistics showing that more than 30 per cent are without the fold.

The cult of pathists, the creeds of isms and the sects of nonde-

scripts generally would fast disintegrate under the sunlight of science as the rays of truth can be made to permeate their flimsy pretensions. This light can be made effulgent and penetrating for such purposes only if there be a community of action on the part of those who believe in the principles advocated by the American Medical Association and its affiliated factors. Those principles placed into play will not affect any practitioner of medicine entitled to the consideration of the public. They will place no ban on the moral man or woman who strives, along individual lines, to cater to the public's medical needs armed with the knowledge to serve them intelligently. The entire code of ethics of medicine can be epitomized in the following:

Be possessed of the proper academic training to make you receptive to scientific truths. Equip yourself under competent tutelage so that you will acquire the knowledge coupled with the experience that will make you competent to recognize disease and to treat it intelligently. Inculcate a love of your profession so that the primary motive of your life will be to serve those who are afflicted and suffering because of physical impairment. Be morally clean.

If the above becomes the practised creed of him who would serve his neighbor as physician, it matters not what his views may be on materia medica nor what his ideas may be as to therapeutics. He is fitted to practise and to ennoble his profession. If additionally he joins hands with his fellow practitioners in devising means to advance the standard of his profession, so as to conduce to the welfare of the public and to increase the span of life, he will be blessed in according blessings.



1830



1840



1870



1880



1890



1905

Where are the physicians' whiskers of yesteryears?

Financial Department

THE purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing sound securities that meet his requirements. With the many pitfalls to catch the unwary investor the task of selecting investments is made more difficult for the professional man by his lack of intimate and constant touch with affairs of business and finance. We hope to render this problem a little less difficult to our readers by means of this department. Each month we will review briefly in this column the financial situation and outlook and answer several questions of general interest on investments.

The Financial Outlook

Disregarding for the moment the foreign situation, a study of general business conditions at home indicates a favorable outlook. Business activity after the summer recession gives evidence of again being on the up-grade, with commodity prices showing a tendency to advance. The volume of manufacture and mining continues high, with improved buying reported in several important trades, particularly steel, cotton and silk. Bond prices hold their own, with but rumor fluctuations, and with money conditions fundamentally sound, we are opti-

mistic about the general business outlook.

The developments abroad have been both depressing and helpful. The Greco-Italian hostilities and the Japanese disaster have naturally been disturbing factors, but the straws now suggest a possible compromise between France and Germany. If this latter move materializes it will more than offset, as far as our business is concerned, the unfavorable developments in Southeastern Europe and Japan. The destruction of property in Japan is, of course, a net loss to the world's business, but its effect on our own economic situation is quite remote. In the case of Italy and Greece our relations with both of these countries politically and economically is insignificant. Peace, however, between France and Germany, if it should come to pass, would have a tremendously stimulating influence on our export trade and business generally.

Upon request information concerning investments will be furnished to readers of MEDICAL ECONOMICS. We will not answer questions regarding purely speculative issues.

Address all inquiries, inclosing a stamped envelope to the Financial Editor, MEDICAL ECONOMICS, 256 Broadway, New York.

Financial Questions and Answers

QUESTION: I would appreciate your opinion as to whether I might safely add the Missouri Kansas & Texas Railroad Series C 6% bond due in 1932 to my list. I wish only safe bonds, as the money I invest comes from savings and I do not want to take any chances; also your opinion on French Government 7½% due 1941 and Niagara Falls Power Co. 1st 5s due 1932 which I now own.—H. B. B.

ANSWER: Since the reorganization of the Missouri Kansas & Texas Railway and the consequent paring down of its interest charges the road has had no difficulty in meeting its interest requirements, and splendid

progress generally has been made. While these bonds are not a first grade railroad investment they are reasonably sound, particularly in a well diversified list. The French Republic 7½%, while not the most conservative investment, might also be included in such a list. The external debt of France is small compared with its internal debt and we do not believe that it would endanger its credit abroad by default on its external obligations. The Niagara Falls Power Co. 1st 5s is a good investment.

QUESTION: Will you be good enough to give me your opinion on the securities which I have listed

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Cantilever Shoes are sold by selected dealers in over 500 cities. A partial list appears at the right. These dealers will be glad to explain and demonstrate the Cantilever Shoe to anyone interested in foot health. Names and addresses of other dealers can be had by writing to Morse & Burt Co., Carlton Ave., Brooklyn, N. Y., manufacturers.

Akron—11 Orpheum Arcade
Albany—15 N. Pearl (Hewett's Silk Shop)
Allentown—937 Hamilton St.
Atlanta—128 Peachtree Arcade
Atlantic City—2019 Boardwalk
Baltimore—325 No. Charles St.
Birmingham—219 N. 19th St.
Boston—Newbury & Clarendon Sts.
Bridgeport—1925 Main (Citizens' Bldg.)
Brooklyn—516 Fulton St. (over Primrose Silks)
Buffalo—641 Main St.
Charlotte—226 N. Tryon St.
Chicago { (North Side)—1650 Leland St.
(Loop) 30 E. Randolph St.
(Woodlawn) 829 E. 61st St.
Cleveland—1705 Euclid Ave.
Columbus, O.—104 E. Broad St. at 3rd St.
Denver—224 Foster Bldg.
Detroit—41 E. Adams Ave.
Duluth—107 W. First (near 1st Ave. W.)
Evansville—310 So. 3rd St. (Near Main)
Harrisburg—26 N. 3rd St. (2nd floor)
Hartford—Church & Trumbull Sts.
Houston—205 Foster (Bank of Commerce).
Kansas City—300 Altman Bldg.
Long Beach, Calif.—Farmer's Bank Bldg., 3rd & Pine Sts.
Los Angeles—505 New Pantages Bldg.
Memphis—28 N. 2nd St.
Minneapolis—25 Eighth St., So.
Newark—Aeolian Hall, 897 Broad St. (2nd floor)
New Castle—229 E. Washington St.
New Haven—153 Court St.
New Orleans—Room 200, 109 Baronne St.
New York—14 W. 40th St. (opposite Library)
Oakland—205 Henshaw Bldg., 14th & Broadway
Omaha—1708 Howard St.
Pasadena—378 E. Colorado St.
Passaic—37 Lexington Ave.
Paterson—10 Park Ave. (at Erie Depot)
Peoria—203 Lehmann Bldg.
Philadelphia—1300 Walnut St. (over Cunard Office)
Portland, Ore.—353 Alder St.
Poughkeepsie—327 Main St.
Rochester—257 Main St. E. (3rd floor)
Sacramento—208 Ochsen Bldg., K near 7th St.
St. Joseph—216 N. 7th St. (Arcade Bldg.)
St. Louis—516 Arcade Bldg.
St. Paul—Frederic Hotel Bldg., 43 E. 5th St.
San Francisco—250 Arcade Floor, Phelan Bldg.
Syracuse—121 W. Jefferson St.
Tacoma—Fidelity Trust Bldg., 255 S. 11th St.
Troy—35 Third St. (2nd floor)
Utica—28 & 30 Blandina St., cor. Union
Washington—1310 F Street, N. W.
Yonkers—23 Main St.

Cantilever Shoe

below: I am a widow dependent to a large extent upon the income from my investments and having no knowledge of investment matters would be grateful to you for your advice: \$2,000 U. K. Gt. Brit. & Ire. 5½%, 1937; \$2,000 American Sugar Refg. Co. 6%, 1937; \$2,000 St. Louis & S. F. R. R. P. L. 4%, 1950; \$2,000 Denver Gas & El. 5%, 1951; \$3,000 N. Y. State Ry. 6½%, 1962; \$3,000 Pennsylvania R. R. 7%, 1930; \$2,000 Bush Terminal Bldg. 5%, 1960 and 20 shrs. Stand. Oil of N. J. 7% Pfd. Stk.—W. J. S.

ANSWER: With one exception your list is excellent, both from point of view of security and diversification. The only weak bond held is the New York State Railway 6½% which has a large element of risk for one in your circumstances. We suggest you exchange these bonds for \$2,000 Kansas City Power & Lt. Co. First Mortgage 5%, 1952, selling at approximately the same price. This will decrease your income slightly but will improve your investment position. Ordinarily we would not advise your holding preferred stock but Standard Oil of New Jersey, Preferred, is of such high caliber that it is better than a great many good bonds.

INVESTMENT GUIDE FOR PHYSICIANS

The financial literature described herewith may be obtained from the houses mentioned without charge by any physician who will mention that he saw the notice in **MEDICAL ECONOMICS**:

"For Buyers of Bonds." This booklet describes various forms of financing and shows the facilities possessed by this firm. A monthly list of investment recommendations will also be sent to those interested. Write The National City Company, 55 Wall Street, New York.

Pamphlet 209, issued by Halsey, Stuart & Co. of New York and Chicago, answers the question "Does It

Pay to Buy Tax Free Bonds?" It contains a quick method of comparing taxable and tax exempt bond yields.

"How Henry Wilkinson Became Rich," showing the important rôle played in financial matters by compound interest, can be obtained from G. L. Miller & Co., 30 East 42nd Street, New York.

"Joint Stock Land Bonds," which describes the booklet, and "Municipal Bonds Defined," a story in itself, will gladly be sent to interested persons by the William R. Compton Co., St. Louis and New York.

An "Investment Letter," describing the field of investment, is issued at intervals by the Bankers Trust Co., New York.

Booklet 1312 describes some of the 6 to 6½ per cent bonds sold by S. W. Straus & Co., 565 Fifth Avenue, New York, whose slogan is "41 years without loss to any investor."

Good bonds can be purchased on the partial payment plan. The reader will learn how a small monthly investment will put him in the bond buying class by addressing Peabody, Houghteling & Co., 366 Madison Avenue, New York.

"How to Select Safe Bonds" is convincingly told in a booklet published by Geo. M. Forman & Co., 105 West Monroe Street, Chicago.

"Fifty-seven Years of Protected Safety," based on over a half century's experience in selling first mortgage bonds, is issued by Adair Realty & Trust Co., Atlanta, Ga.

"A Guaranteed Income" is the title of a booklet showing how a bond secured by first mortgages will give added protection to the investor. It will be forwarded by the Prudence Co., Inc., 31 Nassau Street, New York.

Ex Libris

Diseases of the Rectum, Anus and Colon, by Dr. Samuel G. Gant, New York. 3 Volumes. Philadelphia: W. B. Saunders Company, 1923.

Three worth while books of great value to the general practitioner, very practical and up-to-date.

Feeding, Diet and General Care of Children, by Dr. Albert J. Bell, Cincinnati. Philadelphia: F. A. Davis Co., 1923.

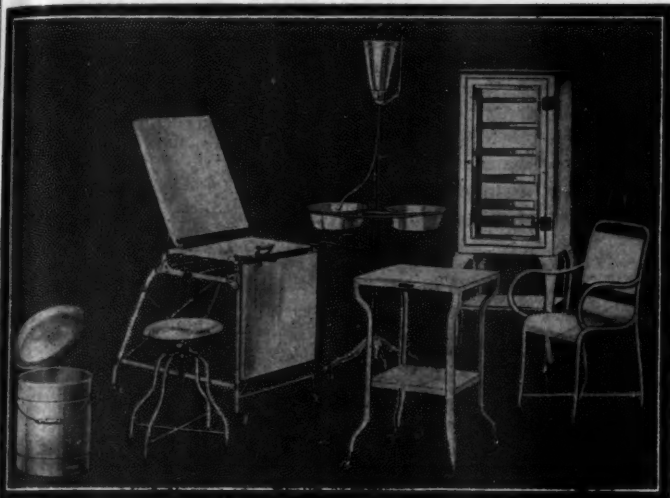
Written especially for mothers and nurses. Practitioners may not agree with every statement.

Physiotherapy Technic, by Dr. C. N. Sampson, late of U. S. Public Health Service. St. Louis: C. V. Mosby Co., 1923.

This will appeal especially to those who desire to increase their office practice. Splendidly written and presented, and well worth some time.

Legal Medicine and Toxicology, by Drs. Frederick Peterson, Walter S. Haines and Ralph W. Webster. 2 Volumes. Philadelphia: W. B. Saunders Company, 1923.

The latest work in this field. Will appeal particularly to medical ex-



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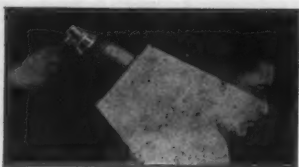
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aminers, laboratory workers and general practitioners whose work may touch these subjects.

Physiology and Biochemistry in Modern Medicine, by Dr. J. J. R. Macleod, Univ. of Toronto. St. Louis: C. V. Mosby Co., 1922.

Solid stuff, going down to the foundations of medicine. Doctors who patronize light reading will do well to devote their spare time to this book.

Inflammation in Bones and Joints, by Dr. Leonard W. Ely, of Stanford University. Philadelphia: J. B. Lippincott Co., 1923.

Everything in the arthritic line and conditions of a similar nature are set forth herein. Of real interest to men who follow this line of work.

X-Ray Dosage, by Drs. W. D. Witherbee and John Remer, of New York. New York: The Macmillan Company, 1922.

The alpha and omega and all the intervening high spots of x-ray dosage are contained herein.

The Successful Physician, by Dr. Verlin C. Thomas, of San Francisco. Philadelphia: W. B. Saunders Company, 1923.

Of value to the young physician; could be read by older men to their advantage. Many excellent ideas on the economics of medical practice are set forth. We cannot agree with all he says but in the main the book is of value.

Clinical Diagnosis, by Dr. Alfred Martinet, of Paris. Translated by Dr. Louis T. deM. Sajous, of Philadelphia. Philadelphia: F. A. Davis Co., 1922.

These two volumes contain much good material despite a foreign slant. Americans will not accept some European methods of diagnosis, but the books are worth while.

International Clinics. Vol. 2. 23d Series. Philadelphia: J. B. Lippincott Co., 1923.

Those interested in insulin should read the contribution of Banting in this issue. Some of the other papers are good.

Food, Health and Growth, by Dr. L. Emmett Holt. New York: The Macmillan Company, 1922.

A book which should be the vogue among all who do any pediatrical practice.

Practical Bacteriology, Blood Work and Animal Parasitology, by Surgeon General E. R. Stitt, U. S. Navy. Philadelphia: F. Blakiston's Son & Co., 1923.

Everything a physician might want on this subject is contained in the 766 pages. Many editions prove its popularity.

Deflating the Jazz Cult

(Concluded from page 18)

"Whom have we to thank for the present demoralizing relationships between the regular and irregular schools, if not the reactionaries? Why be guided longer by our clay-footed idols? Let medicine see the birth of a Young Turk party which shall ask for bread; long enough have we been served stones, garnished with sauce *laissez-faire*.

"Can we not learn a lesson from the phagocytes, whose methods we study with such assiduity? In the human body's admirable scheme of things there is no license bureau for pathogenic bacteria. Let us invoke the opsonin of a broader type of medical school to the end that the professional blood stream be cleared of its unwholesome elements."

In this year of grace the writer would be inclined to amplify the foregoing suggestions by a proposal looking to clinics and lectures in the regular medical schools to be conducted by the leading exponents of the freak systems.

Is it not clear that if the people knew that the education of their medical advisers included a thorough knowledge of all the doctrines and practices of the jazz cults that the latter would cease to fascinate them? They now know that the average doctor is ignorant of these things. Of course the personality of the gentry possessing mysterious special knowledge is interesting.

It is we who are unintelligent, not they of the laity who seek the freak practitioners and are cured. Until we cease to be stupid we must expect to see things go on in the old way.

The time spent on a study of the freak systems would be more advantageous from every point of view than much of the time now given so lavishly to work which seems to be planned on the assumption that the student, after graduation, is going to spend the rest of his life in a laboratory.



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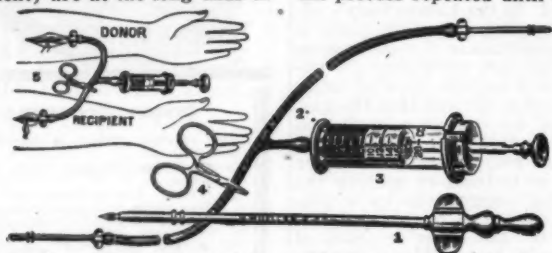
Blood Transfusion Apparatus and Method as Employed by Dr. Jos. B. DeLee, Chicago

The small apparatus shown below makes the direct transference of blood simple and it requires but little more technical skill than the citrate method.

The apparatus consists of a one-piece rubber T-tube, two fine trocars and any 20 c.c. syringe, either Luer or Record.

The trocars (selected to fit the respective veins of the donor and recipient) are at the long ends of

place, a little of the salt solution is forced into the veins to prove the system is clear, then the clamp is put on the recipient's side and the syringe filled with blood from the donor. The clamp is now transferred to the donor's side and the blood in the syringe forced gently into the recipient's vein. The clamp is then transferred to the recipient's side and the process repeated until the re-



the tube, the syringe attached to the short middle leg of the T. The whole system, tube and syringe, is filled with sterile salt solution and an ordinary artery clamp is held in readiness.

The veins of the donor and recipient are both exposed and prepared for the introduction of the needles or trocars. If the veins are large, or the operator skillful, it is not necessary to expose the veins, but the trocars may be inserted through skin punctures. When the two trocars are in

quired amount of blood is transfused.

As a rule three to six minutes may be consumed in the actual transference of the blood, before clotting need be feared. An extra instrument should be held in readiness.

The apparatus is furnished complete with four trocars, two each of different sizes and one extra rubber T-tube.

The DeLee's blood transfusion apparatus is made by V. Mueller & Co., of Chicago, Ill.

The Asepto Breast Pump

The Asepto breast pump is constructed on the same principle as the well-known Asepto syringes—the bulb slips into the glass part and can be easily removed and attached for the purpose of cleaning or sterilization.

The bulbs fit air-tight because the rubber is compressed into the glass and not stretched over it.

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vents the milk from running into the bulb—a very important feature



if the mother milk is used for feeding the baby.

To feed the baby direct from the breast pump, a rubber nipple is slipped over the large flange; the diameter of the nipple should not

be less than $2\frac{1}{4}$ in.

The Aseptio breast pump is made by Becton, Dickinson & Co., of Rutherford, N. J.

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The knuckle joints are made on the same principle as the joints on large tailor shears; they can't wear loose, but at the same time allow easy manipulation.

The lamp has either a floor base, wall attachment or clamp; the clamp permits the fastening to any operating or examining table.

Owing to the combination of knuckle joints and flexible shaft the lamp can be adjusted to any imaginable position and held there firmly, at the same time positions can easily be shifted with one hand.

The Sorensen professional lamp is manufactured by C. M. Sorensen Co., 444 Jackson Avenue, Long Island City, N. Y.

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WE believe that busy physicians will welcome the opportunity to have before them in very condensed form comprehensive descriptions of recent literature offered by manufacturers of instruments, appliances and pharmaceutical products used and prescribed by the physician.

For that reason we will publish in every issue of MEDICAL ECONOMICS a few paragraphs briefly describing such literature, which will be sent on request by the manufacturer to those who mention MEDICAL ECONOMICS:

"Alkalinization, Its Indication and Attainment" is the title of a thirty-two page booklet published by the Kalak Water Co., 6 Church Street, New York City. It discusses Acidosis, Chemistry of the Blood and points out various diseases and conditions in which Acidosis has been found to occur and in which Alkalinization has proved beneficial.

"A Brief Handbook of Gynecological Practice" is a simple review of the common pathological conditions of the female pelvic organs, and is intended as a ready reference by which the busy physician may refresh his memory. Write the Marvel Co., 25 W. 45th St., New York City, for copy.

In less than forty pages of a small booklet, "Instructions for Taking Bloodpressure," as prepared by the American Institute of Medicine, instructions are given. It contains several illustrations, a chart and a table. Copies may be obtained by writing W. A. Baum Co., 100 Fifth Ave., New York City.

Some physicians may be interested in obtaining copy of "Baby's Welfare," for the purpose of reviewing it and recommending it to patients. The publishers state that they have purposely omitted suggestions pertaining to medical treatment, believing that all such information should come from the family physician. Write The Borden Company, Baby Welfare Dept., Borden Bldg., New York.

The Fleischmann Company have compiled in very brief form a great deal of information on the subject of Yeast—its food value, therapeutic value, manufacture, physiology and chemistry. All information contained was prepared by physicians. May be obtained by writing the above company at 701 Washington St., New York City.

"Helping the Cell to Help Itself," a small 32 page booklet, discusses such subjects as "Urine as a Source of Irritation," "Pathology of Bladder Urethral Inflammation," "Inflammation of the Urethra." May be obtained by writing the Alkalol Company, Taunton, Mass.

"Safety First in Pregnancy" contains a number of very interesting full page color plates on such subjects as Diagnostic Signs of Pregnancy, Mammary Signs and Albuminuria and Glycosuria in Pregnancy. The text consists of a brief résumé of the principal ailments from which gravid women suffer. Published by Reed & Carnrick, Jersey City, N. J.

From England comes a 72 page booklet by Burrows Welcome & Co. on the subject of "Animal Substances in Medicine." The Index shows that it is devoted to Modern Organotherapy, Ductless Glands, Glands with a Duct and other Substances of Animal Origin. Copies may be obtained by writing the New York office at 9 East 41st St., New York City.

Some time ago R. L. MacKenzie Wallis, M.A., M.D., Cantabury, and C. Langton Hewer, M.B., B.S., London, read a paper entitled "A New General Anaesthetic." This has been reprinted and will be sent on request in the form of a twenty page booklet by E. Fougere, 90 Beekman St., New York City.

"Neutral Acriflavine and Acriflavine," is the name of a 48 page booklet devoted entirely to these products and their uses. A copy may be obtained by writing Pharmaceutical Division, National Aniline & Chemical Co., 40 Rector St., New York.

"Cancer" is the name of a 32 page booklet containing a brief outline concerning the character and treatment of Cancer. It is published by Fello's Medical Mfg. Co., 26 Christopher St., New York.

Physicians interested in X-ray and Electro-Physiotherapy Apparatus will find catalog No. 13 issued by H. G. Fischer & Co., 2333-43 Wabansia Ave., Chicago, Ill., very interesting. It consists of more than 100 pages of very fine illustrations and descriptions of various types of equipment. Write the above address for copies.

A paper entitled "Treatment of Local Infection by Physical Measures," by William Benham Snow, has been reprinted in convenient form for distribution to physicians by H. G. McFaddin & Co., 42 Warren St., New York City.

Here Is the Menu

MEDICAL ECONOMICS will publish a wealth of practical articles. Here are some of the subjects which will be discussed in early issues:

The whys and wherefores of life insurance.

How about your own good health?

What car should the doctor drive?

The legal obligation of patient to physician.

Periodic medical examinations for the physician.

Bonds and stocks. What are they?

Different classes of bonds.

Stocks: Preferred and common.

Equipment bonds: Why they are safe.

Short business systems for physicians.

Prospecting for a practice.

Group practice in a medium-sized city.

Public health as a career for physicians.

Where physicians can go when they retire.

What the physician can learn from the detail man.

Do health talks by Radio help or hinder the physician?

Why the physician should be connected with the church.

A new specialty in medicine.

Life insurance examinations as a practice builder.

If no pay in thirty days what to do.

Suggestions for settling slow pay accounts.

Forcing the patient to pay.

Industrial medicine as a specialty.

The physician and his income tax.

How many patients can a physician properly take care of.

The establishment of a lucrative practice in a poor community.

Medicated Douches

and

The Marvel Whirling Spray Syringe

When medicated douches are indicated the Marvel Whirling Spray Syringe gives very satisfactory results. If the treatment prescribed requires a great deal of preparation many patients will not follow it. This type of syringe however may be easily carried by the patient with the solution already prepared and can be used immediately. This makes douching a very simple affair and enables the patient to follow the treatment, no matter where she may be, insuring the carrying out of the physician's orders.

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Montreal, Can.

The Physician and the Kinds of Insurance He Should Carry

(Concluded from page 27)

building itself be covered for its actual replacement value, but its contents, such as furniture, instruments, clothing, books, silverware, etc., should be regarded as a separate item and taken care of accordingly. Furthermore, outlying houses, such as garages, barns, icehouses, poultry houses and the like, together with their respective contents, must be considered as separate risks. In connection with fire insurance, it is worth noting that the policy excludes loss by riot, insurrection, civil insurrection and explosion. However, a policy covering against these risks is now obtainable and is a most worthwhile coverage.

Let us glance at the chances of loss through the elements. We have as the "twin brother" of fire insurance, Tornado and Windstorm insurance, which covers all direct loss by tornado, cyclone or windstorm. Many things may be done to prevent loss by fire, but no such precautions avail in the case of tornadoes and windstorms. These destructive acts of nature leave man practically helpless and should most certainly be guarded against. Hull insurance, in principle at least, comes under this category, as does protection against water damage, where plumbing systems and the freezing hazard make the risk of loss a considerable one.

Burglary Insurance

Burglary insurance is another form of protection often overlooked. It may be obtained in a number of different forms, and a little thought as to insurable values will result in obtaining the form best suited to the individual policy holder. In the case of a person possessing a considerable amount of jewelry, a Jewelry Floater, so-called, may be obtained, protecting each piece specifically listed against loss of any kind. Inland Transportation and Tourist Baggage policies serve to safeguard the individual's belongings while traveling, either by land or water. A Personal Hold-up policy is also obtainable, as is a Forgery policy covering against the raising or forging of checks issued by the insured.

Automobile Insurance

Automobile insurance is written to protect the car owner against the hazards of fire and theft, and against loss to his car by reason of a collision with any other car or object. Furthermore, Public Liability insurance is obtainable in limits upward of \$5,000 to protect and defend the insured from suits brought by persons injured by his car. And, in limits of \$1,000 and upward, protection is

obtainable from suits brought by individuals for damage done by the insured's car to their car or property.

These five forms, known as Fire, Theft, Collision, Liability and Property Damage, are exceedingly intricate and will receive separate treatment in a subsequent article.

Life Insurance

The foregoing are the chief dangers to which the individual is subjected and against which he would do well to protect himself. But, having done this, he is omitting the most important item against which he should insure—the mechanism that has brought to him all that he has—his mental and physical powers and activities.

Life insurance is a great study, a profession in itself. It cannot be taken lightly either by the seller or the purchaser. A man cannot sell life insurance successfully "on the side" any more than a purchaser can afford to let it go by saying, "Well, I'm going to buy a few thousand more," and expect to have a working life insurance program.

In a great many instances the future of his family and even of himself is dependent exclusively on whether his life insurance estate has been built wisely and well. In another article an attempt will be made to point out the different phases of this great study in more detail.

In this day of thousands of automobiles, railroads, subways, aeroplanes, boats and every conceivable form of swift transportation it behooves all men to safeguard their physical activities and all that it means with some form of accident and health insurance. In case an accident or long illness suddenly terminates the income it is all too often problematical in just what way the next payments will be made.

In a series of articles to appear in early issues of *MEDICAL ECONOMICS* a more detailed study of the practices of insurance will be presented.

In any successful appeal directed to human beings, psychology is operating. The person who makes the appeal may utilize his psychology unconsciously. It is consequently as far from the capacity of its power as a machine gun in the hands of the Zulu. The man who *knows* psychology and makes use of that knowledge finds it full of power.—*R. W. Gibson.*

An exchange says the notice in the rooms of hotels which reads, "Have you left anything?" should be changed to "Have you anything left?"

It Works Like Magic on a Mucous Membrane

The properties of ALKALOL render it distinctively efficient in all mucous membrane irritation or inflammation.

In the nose, whether in acute coryza or chronic rhinitis, Autumn cold or dust infection, ALKALOL cleanses, depletes, restores vascular tone and re-establishes normal secretory activity.

To subdue an "angry" conjunctiva, nothing acts so well as ALKALOL.

In old ear discharges it disinfects and deodorizes.

In the female genito-urinary tract, being a mucin solvent and actively antagonistic to bacterial development, it cleans off, clears up, reduces hypersecretion and promotes tissue tone.

The suffering of Cystitis yields promptly to injection of ALKALOL.

On the skin it is soothing, cooling and healing.

It only requires ALKALOL test to prove ALKALOL efficiency.

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Conservative Investments

(Continued from page 17)

statement showing a favorable cash position and adequate earnings to protect the investment in times of depression. Moreover, investments should be fortified by a considerable portion of liquid assets, that is to say, assets of a character such as cash, accounts receivable, merchandise, and investments that can readily be converted into cash to meet unexpected and unforeseen conditions. Working capital represented by such resources as above enumerated is indispensable in the successful conduct of any business enterprise. One of the most notable corporations in this country, whose successful administration has been so marked in this respect, is the United States Steel Corporation, which from its inception has maintained a cash position of unusual strength which has kept its credit at the highest rating. Over-expansion and lack of working capital has caused more financial wrecks than any other two things outside of dishonest business practices.

The best way to ascertain the real value of an investment is for one to go to a well managed financial institution to learn what it would be willing to advance on the security in case of need. This brings into play the bank's judgment, which is necessarily conservative and always on the side of safety.

Physicians, like other professional men, are very frequently "landed" by the "bait" or "fly"—perhaps they may be the "Silver Doctor"—of high interest that is thrown out to them. They seem to think of the interest first and the safety of the investment last. If all investors would only be satisfied with reasonable rates of interest, millions would be saved to them, and it is because of these excessive rates of interest offered on flimsy security that so many concerns without excuse of existence are floated—before they sink.

A few simple rules, based on the principles discussed above, will solve most investment problems of the professional men—specifically the physician.

a. Buy or sell securities only on the advice of a competent banker or security specialist—the best you can find after searching investigation. Integrity, of course, is the first essential. Quite possibly none of the commercial bankers known or near to you will possess the adequate knowledge of the investment field which you may expect from the investment specialist, but they are in a position to secure the information for you.

b. Shun the fakirs of investment field whom you are doubtless as much predisposed to avoid as one should be to escape from those re-

ported to exist in the medical world. But they are often so well disguised as to deceive the unwary. Exceedingly clever promotion schemes set forth the merits of stocks alleged to be as good as Bell Telephone or Standard Oil or bonds claimed to be as sound as U. S. Government or U. S. Steel and from these you are promised magnificent profits as though there were not always millions of money available at far lower rates for truly worthy projects!

In conclusion, if earlier I have raised false hopes, leading you to expect from me a few simple "rules-o'-thumb" enabling you to be a successful self-investor, I must explain. To frame such simple rules is no more possible than to have one of you teach a group of bankers in a single short lesson to cure cholera or to remove an appendix. The best service I can render you is to keep you away from the promoter and the swindler and to urge that you turn over to experts all your technical problems, particularly those connected with investments, whose uncertainties I know. But your choice of an investment counselor, banker or investment specialist must be loyal to his client, fully equipped with facts scientific in method and endowed with experience, will naturally be as difficult as the selection of the best surgeon for a major operation. You must depend upon reputation and financial standing, won by the experience of many years of intimate acquaintance with financial conditions and related problems. There are no financial miracles and one cannot reasonably expect to make large monetary gains in a short period of time. Money is not generally accumulated in that way. We must make up our minds to be satisfied with a reasonable return on our investments. "Taking a chance" seems at times very tempting but when the price is paid in heavy losses, involving the welfare and comfort of our loved ones, after perhaps we are gone, the risk assumed seems hardly worth while.

Very respectfully yours,
SAMUEL S. CONOVER.

Too many people drive a Star on a trolley car income, a Studebaker on a Star income and a Pierce-Arrow on a Studebaker income. Every man to his own income, not to the other fellow's.

The will of the pure runs down from them into other natures, as water runs down from a higher into a lower vessel. This natural force is no more to be withstood than any other natural force.—Emerson.

ONE evening, at the end of a hard day's work, Dr. Maurice Austin received a 'phone call—urgent. With a sigh of resignation he hustled into his coat, rushed out to his car and found—a flat tire. He was delayed twenty minutes putting on the spare and another burden was added to his already toppling load.

We know of a way to avoid flat tires due to punctures, and we believe that many doctors will be interested in learning about protection against puncture inconvenience and delay.

We'd like to hear from physicians on this subject.

Write

MEDICAL ECONOMICS

256 Broadway, New York

The Place of the Physician in Politics

(Concluded from page 7)

never be a revolutionist or an anarchist, because he knows that revolution and anarchy make for bloodshed and death.

It is the business of the physician to staunch the flow of blood and to protect human life. Therefore, medical men will strive for orderly and stable government. They cannot be "standpatters," however, because they realize that life depends upon progress. There can be no health or long life for an individual who vegetates. There can be no health or long life for a nation which fails to exercise its powers by activity and progress.

I suppose I could go on indefinitely in pointing out the reasons why the doctor has an important place in politics. But the medical man is so devoted to his profession that he hesitates to leave it to take on the larger work of helping to heal the ills of a nation. However, when he does venture into this field, his education, his experiences, his human contacts, his broadened sympathies and intimate knowledge of the endless needs of the human

family must make him a useful and active agent for the good of the nation. He knows the heart of humanity.

The doctor can point out the human reasons why a coal strike is an unthinkable thing. He can show why the transportation system, carrying the necessities of life, must never be hampered. He can point out why the banking and financial systems of the country must be fostered so they can further the plans of a better humanity. He can point out the effects of bad government upon the human welfare of our country. He should be able to inspire legislative bodies to make laws for the betterment of society.

When these plans are agreed upon, the lawyers may choose the language in which to write the laws. They may take it from the boxes of tradition and place it upon the statute books in a form which can be understood by the courts which must interpret it. This is the lawyer's job. But I am sure our country would be better if more men of the medical profession entered the field of politics.

Business Methods in Medical Practice

(Concluded from page 23)

mature and the company would hand me another check, which would read this time \$26,000, and I would be master of \$42,000 in cash.

Independent at Age of 46

Taking 27 years of age as a fair average for starting into practice, I would discover myself independent at the age of 46. My children would now be ready for college and I would, if I so chose, remove to a city, and retire or take up some office specialty for which my nineteen or twenty years of general practice had developed my adaptability, and which would pay living expenses and afford me plenty of odd hours for recreation and reading, which

had been denied me theretofore. I would be on easy street.

This plan is no iridescent dream but a possibility with every one engaging in this profession. That is not all, for it would put the present-day problem of supplying the rural population with doctors out of the running and put every doctor at the age of 50 where practically none are now.

EDITOR'S NOTE: This is a résumé of a paper Dr. Boyer read before his district medical society and contains so much of value that it is presented as offering the physician a solution of his financial problem.

Most young men could easily make the saving of \$1,200.00 a year a goal. To men established in practice it should be easy. To all men such a procedure properly carried out offers the physician a competency and a certainty of security against the adversities that often come with advancing years.

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This is the famous L. C. Smith typewriter which has set the world's standard for quality and service for over twenty years. Perfect machines. Standard sizes. Keyboard of Standard Universal arrangement, 42 Keys, writing 84 characters—universally used in teaching the touch system. The entire line of writing completely visible at all times, has the decimal tabulator, the two-color ribbon, with automatic reverse, the back spacer, ball bearing type bars, ball bearing carriage action, ball bearing shift action. In fact, every late style feature and modern operating convenience. Comes to you with

everything complete; tools, cover, operating book and instructions—nothing extra to buy. You cannot imagine the perfection of this beautiful rebuilt typewriter until you have seen it. We do the most perfect rebuilding known to the industry. We have sold thousands of these perfect late style machines at this bargain price and every one of these thousands of satisfied customers had this splendid, strictly up-to-date machine on five days' free trial before deciding to buy it. We will send it to you F. O. B. Chicago for five days' free trial. It will sell itself, but if you are not satisfied that this is the greatest typewriter you ever saw, you can return it at our expense. You won't want to return it after you try it, for you cannot equal this wonderful value anywhere.

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When the typewriter arrives deposit with the express agent \$6.20 and take the machine for five days' trial. If you are convinced that it is the best typewriter you ever saw keep it and send us \$5.00 a month until our bargain price of \$66.20 is paid. If you don't want it, return it to the express agent, receive your \$6.20 and return the machine. We will pay the return express charges. This machine is guaranteed just as if you paid \$105.00 for it. It is standard. Over half a million people own and use these typewriters and think them the best ever manufactured. The supply at this price is limited; the price will probably be raised when next advertisement appears, so don't delay. Fill in the coupon today—the typewriter will be shipped promptly. There is no red tape. We employ no solicitors—no collectors—no chattel mortgage. It is simply understood that we retain title to the machine until full \$66.20 is paid. You cannot lose. It is the greatest typewriter opportunity we have ever offered. Do not send us one cent. Get the coupon in the mails today—sure.

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Ship me the L. C. Smith Model No. 8, F. O. B. Chicago. I will pay you \$5.00 monthly as rent until the \$66.00 balance of the Special \$66.20 sale price is paid. The title to remain in you until fully paid for. It is understood that I have five days in which to examine and try the typewriter. If I choose not to keep it I will carefully repack it and return it to the express agent. It is understood that you give the standard guarantee.

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"Henry Ford—

A Psychological Study"

By

Dale M. King, Detroit, Mich.

One of the up-to-the-minute special articles appearing in a recent issue of MEDICAL TIMES. A few others are:

**"Should the Tonsils Be Removed
in Singers?"**

Harold Hays, New York

**"Some Fundus Changes in
Nephritis"**

Howard Clark, Honolulu

"Acute Infective Jaundice"

Hyman I. Goldstein, Camden, N. J.

The MEDICAL TIMES has served the medical profession for more than half a century. Its bright and crisp editorials, its comprehensive reviews and its special articles like those referred to above make it well worth the time and money of the busy physician.

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Dig down to the Root

of the causes of neurasthenic impotence, and you often find it due to glandular disturbances.

Weariness, headaches, digestive disturbances, neurasthenia, general apathy, and in women, amenorrhea, chlorosis and depressant hysteria, as well as impotence, are symptoms of glandular disturbances.

In such cases prescribe

Aphrodisiac Tablets Improved (Breon)

FORMULA:

Yohimbine Hydrochloride.....1/12 gr.
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The glandular substances tend to restore glandular activity to normal and so relieve conditions described above.

The specific aphrodisiac effect of Yohimbine, the stimulant, Nux Vomica, and the alterative effect of the glandular constituents make this a dependable aphrodisiac and a valuable alterant. Physicians are using them with gratifying results. May we not send you a bottle?

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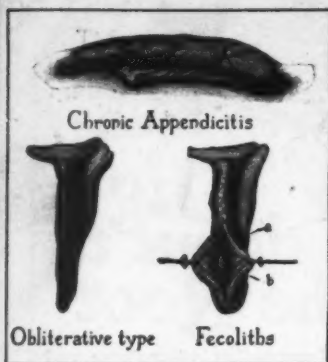
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Appendicular appearances



Chronic appendicitis with adhesions

LUBRICATION THERAPEUSIS

AN EMINENT PHYSICIAN HAS DIVIDED APPENDICITIS INTO FOUR CLASSES:

1. *Gangrenous*—chances of recovery by surgical interference problematical.
2. *Pre-gangrenous*—single severe attack with major constitutional symptoms. Chances of recovery by surgical interference very good.
3. *Single mild attack*—surgery inadvisable. Medical treatment usually efficacious.
4. *Recurrent mild attacks or chronic appendicitis*—symptoms which clear up under ordinary dietetic and hygienic regimen.

A lubricant, he states, taken in cases of recurring attacks, has proven itself the best preventive measure yet devised.

As you know, the usual drug laxatives and cathartics or the over-residued diet resorted to so often in these cases, tend to bring on attacks; first by their irritant action on the intestinal mucous membrane and second, by the ex-

aggerated peristalsis produced. The latter action may carry concretion material into the appendix or may exercise it when immobilization of the organ is the indication.

Nujol, because of its soothing, lubricating action and softening effect on fecal matter, may prevent a recurrence of appendicial attacks or minimize the severity of these attacks.

Nujol, the ideal lubricant, is the therapeutic common denominator of all types of constipation. Microscopic examination shows that too high a viscosity fails to permeate hardened scybala; too low a viscosity tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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